



CITY OF WHITE SALMON

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Date: _____

Utility Account Information

Print Name: _____

Service Address: _____ Utility Account Number: _____

Phone: _____ Email: _____

Financial Institution Information

Name: _____

Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Account Number: _____

Please attach a voided check with this application for verification.

I hereby authorize the City of White Salmon, hereinafter to initiate debit entries to my account indicated below at the depository financial institution named below. I acknowledge that the organization of ACH transactions to my account must comply with the provision of U.S. law.

Applicant Signature: _____



CITY OF WHITE SALMON

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Authorization to Revoke ACH Withdrawal

Print Name: _____

Service Address: _____ Utility Account Number: _____

Original Applicant Signature: _____

City Use Only: *Authorization Revoked Date:* _____ *Initials:* _____